## What you need to know about filing a Workers' Compensation Claim for an Occupational Disease

#### DIRECTIONS ON HOW TO REPORT AN OCCUPATIONAL DISEASE USING ECOMP:

- 1. **Create an account in ECOMP-** Log onto <a href="http://www.ecomp.dol.gov">http://www.ecomp.dol.gov</a> and create an account using your NIH email address, visit <a href="https://ned.nih.gov/search/searc
- 2. **Complete OSHA Form 301** You are required to file the OSHA Form 301 before filing a claim for Workers' Compensation. Once your portion is complete, the OSHA Form 301 will be sent to your supervisor using the email address you have provided. You must follow up with your supervisor to ensure timely response.
- 3. Complete the Notice of Occupational Disease (CA-2) form
  - a. Complete this form online including the correct NIH email address for your supervisor.
  - b. Once complete, print the form out and sign.
  - c. Deliver the CA-2 and the attached "Directions to the Supervisor" to your supervisor.
  - d. Ensure your portion and your supervisor's portions are sent to the NIH Workers' Compensation Program in Building 31, Room B3C23.
- 4. Await correspondence from ECOMP, including a claim number.

#### **BILLS**

Reasonable medical expenses related to the evaluation and treatment of your injury may be recoverable. Expenses are reimbursed if:

- 1. Your claim is accepted by DOL, and you are notified of such by mail
- 2. Your requests for reimbursement are properly completed:

Physicians & health care	Form OWCP 1500	Available from NIH Workers'
providers		Compensation Program
Hospitals	Form UB 92	Only available from hospital
Out of pocket expenses	Form OWCP 915	Available from NIH Workers'
(including prescriptions, over		Compensation Program
the counter items, medical bills		
you paid		

3. Your requests for reimbursement are filed in a timely fashion- within one year after the end of the calendar year in which the expense was incurred or the service was provided or within one year after the end of the calendar year in which the treated condition was first accepted as compensable by the DOL, whichever is later.

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#### LOST TIME and COMMUINICATION WITH NIH

- Lost time: If you supervisor cannot provide duties within your injury related limitations, you may elect to request sick leave, annual leave or leave without pay (LWOP). However, you must return to work if your supervisor can provide duties that do not exceed your injury-related limitations. If you do not return to work, the DOL will terminate compensation.
  - To maintain your eligibility you must complete the CA-2 (as instructed above) and submit adequate medical documentation to OMS which will establish a causal relationship between your claimed condition and your Federal employment. These documents must address your limitation, the period of time that your physical activities will be limited and an expected return to work date. If you choose LWOP, a Claim for Compensation form (CA-7), which is available on ECOMP, may be filed with DOL for wage loss.
- **Communication with your Supervisor**: You are expected to provide your supervisor with medical documentation indicating the dates you cannot work due to your injury. You may use an OMS Medical Evaluation of Work Status form to facilitate this communication.
- Changes in your restrictions: When your physician changes your physical restrictions, you must return promptly to OMS. An OMS employee will contact your supervisor to determine if he/she is able to provide appropriate duties to permit you to return to work.
- Excused Absences for Doctor Appointments or Physical Therapy: You may also be eligible for up to four hours of Excused Absence per day for doctor or physical therapy appointments, within 6 months of the date illness.
- Leave Buy Back: If you choose to use your own leave, later you may have your sick or annual leave used for an occupational injury restored through a process called Leave Buy Back (LBB). The LBB claim must be submitted within one year of the date the leave was used or the claim was accepted, whichever is later. For more information on LBB, contact the NIH Workers' Compensation Program.

For more information, please contact the NIH Workers' Compensation Program.

Telephone: 301-496-2404 Email: wcp@mail.nih.gov

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### Directions to the Supervisor- Guidance for a Notice of Occupational Disease (CA-2)

You are receiving the attached employee portion of the CA-2 form because your employee has filed a Claim for Workers' Compensation. You should have received an email from the Employees' Compensation Operations & Management Portal (ECOMP) and completed your portion of the form.

### IF YOU ARE NOT THIS EMPLOYEE'S SUPERVISOR, CALL THE NIH WORKERS' COMPENSATION PROGRAM IMMEDIATELY.

Print out your portion of the form, sign, date and attach it to the employee's portion. Return the completed CA-1 form within 48 hours of receiving the claim to:

> NIH Workers' Compensation Program Building 31, Room B3C23 MSC 2215 Bethesda, MD 20892

Telephone: (301) 498-2404 Email: wcp@mail.nih.gov

Revised 6/6/13